

**NOTICE OF PRIVACY PRACTICES****DS 5856A (Rev. 08/2017)**

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*Facility Name*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY**

**GENERAL INFORMATION:** The purpose of this notice is to inform you of the privacy practices of this Facility. Individuals who receive medical treatment and habilitation services at this Facility should know that this Facility uses, shares, and maintains health information in order to provide services and treatment. **Examples** of your health information are: diagnosis listing, medical and social history, physical examinations, medical consultations, and assessments by specialists such as, psychological/behavioral, cardiology, neurology, urology, etc.; diagnostic reports such as X-ray and laboratory reports; medication records; physical, occupational, and recreational therapy assessments; progress notes by physicians, nursing staff, and other professional staff; educational and/or vocational assessments; and other assessments, evaluations, or consultations that may be deemed necessary by your treatment team. Use and disclosure not described in the notice will only be made with an authorization by a person authorized to do so.

**A. What Are Your Privacy Rights Under the Law?**

By law you have the right to:

- Review/access and obtain a copy of your health record including manual or electronic. The facility reserves the right to determine final copy electronic or manual as provided for. If an electronic copy is requested, we will ask if you want the information encrypted or unencrypted.
- Request amendment to your health information although the facility does not have to change their documentation and may include your amendment or may not after review.
- Request restriction on certain uses and disclosures of your information provided by Code of Federal Regulations. Restriction may be terminated in writing or orally and then documented in the record. If you pay services in full and out of pocket, you may request restriction of the personal health information being provided to your health plan.
- Request a list of people or organizations with whom we have shared your information. The first copy requested in a one-year period will be provided free of charge. We will charge a service fee for any additional copies requested within that same one-year period.
- Receive a paper or electronic copy of this **Notice of Privacy Practices**

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- Ask to not have your information shared with a specific person or organization that would otherwise be allowed for treatment, payment, or health care operations, or to other persons in a personal relationship with you who are directly involved in your care, or payment related to your care.
- Ask us to contact you, by telephone, written communication, or another way; or at somewhere other than home, such as sending information to you at a post office box instead of your home address. A written request will be obtained. If email is requested, we will need you to sign a consent to use email that is either encrypted or unencrypted.
- During the time that you receive services from the Facility, we may contact you to provide:
  - ▷ Notices of appointments/meetings.
  - ▷ Information about treatment alternatives.
  - ▷ Information about other health related benefits or services that may be of interest to you.
- We are not required to allow access to the following:
  - ▷ Psychotherapy notes.
  - ▷ Information compiled for use in a civil, criminal, or administrative action or proceeding; i.e., court cases.
  - ▷ Records subject to the Federal Privacy Act.
  - ▷ Information obtained from someone other than a health care provider under the promise of confidentiality, if granting access would be likely to reveal the source. Information that we determine may cause harm to you or another person.

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**B. When This Facility May Use and Share Your Health Information Without Your Authorization**

This Facility must obey laws on how we use and share your information, such as your name, address, personal facts, the medical care you had, and your medical records.

These are the reasons information may be used and shared with others.

- **Treatment**

We will share your protected health information:

- ▷ To develop a treatment and/or habilitation program based on medical assessments, evaluations, or diagnostic studies performed by the Facility's staff/consultants.
- ▷ With health care providers or hospitals where you may be referred for other medical treatment that cannot be completed at this Facility.

- **Payment**

Your protected health information will be used, as needed to obtain payment for your health care services. This may include certain activities:

- ▷ To decide your eligibility for Medi-Cal, Medicare, or other health benefit programs.
- ▷ To find ways to pay for health care.

- **Health Care Operations**

We may use or share your protected health information in order to:

- ▷ Conduct business activities, source for surveys and reporting to state, federal and other review agencies.
- ▷ Train students or interns.

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**C. Circumstances When This Facility May Use and Share Your Health Information Where you Have the Opportunity to Agree or Disagree**

You may agree or disagree prior to our sharing information:

- **With Others Involved in Your Healthcare:** Use and share your health information with someone directly involved in your care, such as a member of your family, a relative, a close friend or any other person you identify.
- **For Disaster Relief:** Use and share your health information with an authorized public or private agency to assist in disaster relief efforts.
- **In Emergencies:** Use and share your health information in an emergency, in which case we will seek your agreement as soon as possible

**D. Other Reasons Why This Facility May use and Share Your Health Information Without Your Authorization**

- As required by the Secretary of Health and Human Services to make sure this Facility obeys the laws that protect your health information.
- As required by law, such as to your regional center.
- To a public health agency for activities relating to preventing and controlling disease, injury, or disability.
- To local, state, and federal health oversight agencies for activities such as audits, investigations, and inspections.
- To agencies authorized to receive reports of abuse, neglect, or domestic violence.\*
- To the Food and Drug Administration to report adverse reactions to drugs or foods, or to report product recalls.
- For judicial and administrative proceedings, in response to court orders or in response to subpoenas, warrants, discoveries, or other legal processes under which you may receive services from the Facility.\*
- To law enforcement for police activities or public safety purposes.
- To coroners, funeral directors, or for organ and tissue donations.
- For research, when approved by an institutional review board to ensure the privacy of your protected health information.
- For national security.

\* *You will be notified, as required, of any such uses and releases of information.*

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Any other sharing of your information not listed in this Notice of Privacy Practices requires your written authorization. **You may revoke authorizations at any time, except to the extent that the Facility has taken action as a result of relying on your authorization, or if such authorization is a condition of obtaining insurance coverage.**

Should you initiate an authorization to share specific health information with a third party, such information may be allowed to be shared again by the third party and no longer protected by the terms of this notice.

**E. How to File a Complaint**

If you believe your information was used or shared in a way that is not allowed under the privacy law or this Notice, or if you were not able to exercise your rights, you may contact the Facility's Privacy Official. If you file a complaint, no action can be taken against you and no one can do anything to hurt you in any way.

<b>Facility Name</b>	
<b>Contact Name</b>	
<b>Address</b>	
<b>Telephone Number</b>	

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In addition, you may also file a complaint with the U.S. Government by either:

**1) File a Complaint Using the Health Information Privacy Complaint Form Package**

Open and fill out the [Health Information Privacy Complaint Form Package](#) in PDF format. You will need Adobe Reader software to fill out the complaint and consent forms. You may either:

- Print and mail the completed complaint and consent forms to:
  - Centralized Case Management Operations
  - U.S. Department of Health and Human Services
  - 200 Independence Avenue, S.W. Room 509F HHH Bldg.
  - Washington, D.C. 20201
- Email the completed complaint and consent forms to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)  
 (Please note that communication by unencrypted email presents a risk that personally identifiable information contained in such an email, may be intercepted by unauthorized third parties)

**2) File a Complaint Without Using Our Health Information Privacy Complaint Package**

If you prefer, you may submit a written complaint in your own format by either:

- Print and mail the completed complaint and consent forms to:
  - Centralized Case Management Operations
  - U.S. Department of Health and Human Services
  - 200 Independence Avenue, S.W. Room 509F HHH Bldg.
  - Washington, D.C. 20201
- Email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

The complaint must be in writing (either electronic or on paper) and must:

- Describe the acts or omissions you believe to be in violation of the Facility's **Notice of Privacy Practices** or of the federal regulations.
- Be filed within 180 days of when you knew or should have known of the acts or omissions causing your complaint.

**F. CHANGES TO NOTICE OF PRIVACY PRACTICES**

This Facility must obey this notice starting on April 14, 2003, updated September 2013 and has the right to change Facility Privacy Rules. You will be provided a copy of the revised **Notice**, or a copy will be mailed to your address of record, prior to the effective date of the revised **Notice**.

This Notice of Privacy Practices complies with the requirements of Title 45 Code of Federal Regulations, Section 164.520. This notice incorporates the requirements of the California Welfare and Institutions Code, Sections 4514—4518; the California Information Practices Act of 1977; Civil Code, Sections 1798 through 1798.82; and Health and Safety Code, Section 130311.5.

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